

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 APR 20 AM 11:58

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Name: <u>Wade A. Jordan</u>		Daytime Telephone: <u>-----</u>
FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>PA-15-44</u>
	<input type="checkbox"/> Candidates – Date of Election: <u>Nov 2018</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant
	Employing Office: <u>-----</u>	Period Covered: January 1, <u>2018</u> to <u>Jan 16, 2018</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jack Jordan

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Use additional sheets if more space is required.

SCHEDULE A ~ ASSETS & "UNEARNED INCOME"

Name: Dade A. Tidum

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Assets and/or Income Sources		BLOCK A														
		BLOCK B						BLOCK C								
SP. D.C.	ASSET NAME	E/F	Value of Asset												Type of Income	Amount of Income
			A	B	C	D	E	F	G	H	I	J	K	L		
		X	None													
			\$1-\$1,000													
			\$1,001-\$15,000													
			\$15,001-\$50,000													
			\$50,001-\$100,000													
			\$100,001-\$250,000													
			\$250,001-\$500,000													
			\$500,001-\$1,000,000													
			\$1,000,001-\$5,000,000													
			\$5,000,001-\$25,000,000													
			\$25,000,001-\$50,000,000													
			Over \$50,000,000													
			Spouse/DC Asset over \$1,000,000*													
		X	NONE													
			DIVIDENDS													
			RENT													
			INTEREST													
			CAPITAL GAINS													
			EXCEPTED/BLIND TRUST													
			TAX-DEFERRED													
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)													
		X	None													
			\$1-\$200													
			\$201-\$1,000													
			\$1,001-\$2,500													
			\$2,501-\$5,000													
			\$5,001-\$15,000													
			\$15,001-\$50,000													
			\$50,001-\$100,000													
			\$100,001-\$1,000,000													
			\$1,000,001-\$5,000,000													
			Over \$5,000,000													
			Spouse/DC Income over \$1,000,000*													
			Current Year													
			I II III IV V VI VII VIII IX X XI XII													
			Preceding Year													
			I II III IV V VI VII VIII IX X XI XII													
			None													
			\$1-\$200													
			\$201-\$1,000													
			\$1,001-\$2,500													
			\$2,501-\$5,000													
			\$5,001-\$15,000													
			\$15,001-\$50,000													
			\$50,001-\$100,000													
			\$100,001-\$1,000,000													
			\$1,000,001-\$5,000,000													
			Over \$5,000,000													
			Spouse/DC Income over \$1,000,000*													

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Jade Jordan | Page 1 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

US Fish & Wildlife (Dept of Interior) | Salary | 90,064 | 87,352

US Fish & Wildlife (Dept of Interior) | Salary | 90,064 | 87,352

SCHEDULE D – LIABILITIES

Name: Jordan Page 1 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
			A	B	C	D	E	F	G	H	I
Example	First Bank of Wilmington, DE	5/98 Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000								
			\$15,001-\$50,000								
			\$50,001-\$100,000								
			X	\$100,001-\$250,000							
				\$250,001-\$500,000							
					\$500,001-\$1,000,000						
						\$1,000,001-\$5,000,000					
							\$5,000,001-\$25,000,000				
								\$25,000,001-\$50,000,000			
									Over \$50,000,000		
										Over \$1,000,000* (Spouse/DC Liability)	

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.	
Position	Name of Organization
None	N/A

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Wade Jordan Page 1 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<u>None</u>	<u>N/A</u>

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
<u>None</u>	<u>N/A</u>

Use additional sheets if more space is required.

Name: Made Toder Page 1 of 8

NOTE NUMBER	NOTES
1	I made \$87,352 (per box 1 on W-2 Form) as an employee (salary) of U.S. Fish & Wildlife (Dept. of Interior) in 2014
2.	I made \$90,004 (per box 1 on W-2 Form) as an employee (salary) of U.S. Fish & Wildlife (Dept. of Interior) in 2017
3.	I have a personal checking (balance \$2,000) and a personal savings (balance \$118,000) with Manufacturer's Trust (Met) bank in Mill Hall, PA
4	I have no other stocks, bonds, compensation, savings, honorariums, or financial holdings or income
	<i>12/29/18 4/13/2018</i>

Form
1040EZDepartment of the Treasury -- Internal Revenue Service
Income Tax Return for Single and
Joint Filers With No Dependents (99) 2017

OMB No. 1545-0074

WADE A JODUN

Your social security number

Spouse's social security no.

Make sure the SSN(s)
above are correct.

Presidential Election Campaign

Check here if you, or your spouse if
filing jointly, want \$3 to go to this
fund. Checking a box below will not
change your tax or refund. You Spouse

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.

Income

Attach your Form(s) W-2.

1

90,064

Attach
Form(s) W-2
here.
Enclose, but
do not attach,
any payment.

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

0

3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).

3

0

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.

4

90,064

5 If someone can claim you (or your spouse if a joint return) as a dependent, check the
applicable box(es) below and enter the amount from the worksheet on page 2. You SpouseIf no one can claim you (or your spouse if a joint return), enter \$10,400 if **single**;
\$20,800 if married filing jointly. See page 2 for explanation.

5

10,400

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your **taxable income**.

►

6

79,664

Payments,
Credits,
and Tax

7 Federal income tax withheld from Form(s) W-2 and 1099.

7

16,896

8a Earned income credit (EIC) (see instructions)

8a

b Nontaxable combat pay election.

8b

9 Add lines 7 and 8a. These are your **total payments and credits**.

►

9

16,896

10 Tax. Use the amount on **line 6 above** to find your tax in the tax table in the
instructions. Then, enter the tax from the table on this line.

10

15,658

11 Health care: individual responsibility (see instructions) Full-year coverage

11

12 Add lines 10 and 11. This is your **total tax**.

12

15,658

Refund

Have it directly
deposited! See
inst. and fill
in 13b, 13c,
and 13d, or
Form 8888.13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your **refund**.If Form 8888 is attached, check here ►

13a

1,238

► b Routing number ► c Type: Checking Savings► d Account number Amount
You Owe14 If line 12 is larger than line 9, subtract line 9 from line 12. This is
the amount you owe. For details on how to pay, see instructions.

►

14

0

Third Party
DesigneeDesignee's
name ► H AND R BLOCKPhon-
no.Personal identif(ication
4 number (PIN))Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based
on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

FISHERIES BIOLOGIS

Daytime phone number

Joint return?
See instructions.Keep a copy
for your
records.

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity
Protection PIN,
enter it
here (see inst.)Paid
Preparer
Use Only

Print/Type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date 04-12-2018	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ► H AND R BLOCK	Firm's EIN ►	Phone no.	
Firm's address ► 18 E MAIN ST LOCK HAVEN PA 17745			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

WADE JODUN

Your social security number

Spouse's social security no.

Make sure the SSN(s)
above are correct.

Presidential Election Campaign

Check here if you, or your spouse if
filing jointly, want \$3 to go to this
fund. Checking a box below will not
change your tax or refund. You Spouse

Income	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	87,352
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	0
Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	0
	4 Add lines 1, 2, and 3. This is your adjusted gross income .	4	87,352
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on page 2. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if single ; \$20,700 if married filing jointly . See page 2 for explanation.	5	10,350
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	77,002
	7 Federal income tax withheld from Form(s) W-2 and 1099.	7	16,036
8a Earned income credit (EIC) (see instructions)	8a		
b Nontaxable combat pay election.	8b		
9 Add lines 7 and 8a. These are your total payments and credits .	9	16,036	
10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	15,028	
11 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11		
12 Add lines 10 and 11. This is your total tax .	12	15,028	
Refund	13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	1,008
Payments, Credits, and Tax	► b Routing number <input type="checkbox"/> ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d Account number <input type="checkbox"/>		
Amount You Owe	14 If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	0
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Sign Here	Designee's name ► HRB TAX GROUP INC Pho no. ► Personal identification number (PIN) <input type="checkbox"/>		
Joint return? See instructions.	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		
Keep a copy for your records.	Your signature	Date	Your occupation FISHERIES BIOLOGIST Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation LOCK HAVEN PA 17745
Paid Preparer Use Only	Print/Type preparer's name U.S. GOVERNMENT	Preparer's signature	Date 04-12-2018 Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ► H AND R BLOCK	Firm's EIN	
	Firm's address ► 18 E MAIN ST	Phone no.	